

# ANNUAL APPLICATION

FOR AN

## ABSENTEE BALLOT

DUE TO

### PHYSICAL DISABILITY or ILLNESS

§ 24.2-700, § 24.2-701, § 24.2-703.1 &amp; § 24.2-704, CODE OF VIRGINIA

**PART A: APPLICATION DATA** [Required]

- ☐ I am a registered voter in the County/City of \_\_\_\_\_
- ☐ I am applying to receive an absentee ballot for each election in which I am eligible to vote in the calendar year: **200** \_\_\_\_ [Example: 2002]
- ☐ I wish to designate my political preference for . . . [See instructions on back]
- ☐ The Republican Party    ☐ The Democratic Party    ☐ No political party
- Check one box:**
- ☐ I am submitting my **FIRST Annual Application for an Absentee Ballot** and the Statement of Physical Disability or Illness [to the right] has been signed by my physician or religious practitioner.
- OR
- ☐ This is **NOT** my first annual application. I am still unable to go to the polls in person because of a physical disability or physical illness and I am likely to remain so disabled for the remainder of this calendar year.

**PART B: MAILING ADDRESS** Mail ballot to me at the following address:

NOTE: The Absentee Ballot cannot be sent "In Care Of . . ."    The ballot can be mailed only to:

- Address where you are registered    or    • Address while absent from your county/city

**PART C: ASSISTANCE**

I will need help in marking my ballot . . .    ☐ Yes    ☐ No

[If Yes, a required form is sent with the ballot]

**PART D: ABSENTEE VOTER'S STATEMENT**

I declare, under penalty of law, that . . .

- The facts contained in this application are true and correct to the best of my knowledge
- I have not and will not vote in this election at any other place in Virginia or other state

Full Name of Absentee Voter [Print] \*

Legal Virginia Resident Address [Print] \*

Social Security Number [SSN]

City/Town [Print]

Zip

Area Code &amp; Day-Time Phone

E-Mail Address, (If One)

Signature of Applicant

Date

Office  
Use Only

PCT

LOCAL DIST

SEN

HSE

CONG

Date THIS Application Received \_\_\_\_\_☐ By Mail    ☐ By Fax    ☐ Hand Delivered

Date Statement Filed \_\_\_\_\_

By Physician or Accredited Religious Practitioner \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Application Accepted

☐ Yes    ☐ No

Reason Denied: \_\_\_\_\_

**NOTES:****PART E: STATEMENT OF PHYSICAL DISABILITY OR ILLNESS by APPLICANT'S PHYSICIAN or RELIGIOUS PRACTITIONER**This statement is required only for the applicant's **FIRST Annual Application for an Absentee Ballot**.

I certify that \_\_\_\_\_

is unable to go in person to the polls on the day of the election because of a physical disability or physical illness and is likely to remain so disabled or ill for the remainder of the calendar year.

Signature of: [Check one box below] \_\_\_\_\_

Date \_\_\_\_\_

☐ Applicant's Physician or☐ Accredited Religious Practitioner

Printed Name of Physician or Religious Practitioner \_\_\_\_\_

**PART F: ASSISTANT'S STATEMENT**

I declare, under penalty of law, that . . .

- I have written on applicant's signature line: "Applicant Unable to Sign"

- I have signed and provided requested information below

Full Name of Assistant [Print]

Address of Assistant [Print]

City/Town [Print]

Zip

E-Mail Address [If One]

Area Code

Day-Time Phone

Signature of Assistant [18 Yrs. or Older]

Date

**NOTE: Assistant's Statement is Required only if Applicant is Unable to Sign**\* ☐ Check this box--if this is a change of NAME or ADDRESS. Then, complete PART G on the reverse side.

The social security number is part of your voter record and is requested to assure that no other person is permitted to vote in your name. The General Registrar deletes your social security and telephone numbers on the copy of this document made available for public inspection. Knowingly giving any untrue information in this document is a felony under Virginia law. The punishment is a maximum fine of \$2500 and/or confinement for up to ten years. You also lose your right to vote.

## QUESTIONS AND ANSWERS [Q & A]

### 1. What is the Annual Application for an Absentee Ballot?

This special application is available for a person who . . .

- Is unable to go in person to the polls on the day of election because of a physical disability or physical illness, and
- Is likely to remain so disabled or ill for the remainder of the calendar year

### 2. What are the requirements to receive the Annual Application?

You must . . .

- Be a registered voter in the locality where you are filing your application
- Send to the General Registrar in your locality . . .
  - A Statement of Physical Disability or Physical Illness, signed by you and your physician or an accredited religious practitioner, to accompany your first Annual Application for an Absentee Ballot, only
  - A completed and signed *Annual Application for an Absentee Ballot* for each succeeding calendar year in which you wish to vote (Note: The *Annual Application* will be sent to you automatically in December of each year)

### 3. What information is required on the Annual Application?

You must . . .

- Identify the election calendar year in which you are applying
- Designate a political party preference on the *Annual Application*—if you choose to receive an absentee ballot to vote in a political party's primary election, if held
- Notify the General Registrar of any Change of Address

### 4. Am I required to designate a political party?

No. Virginia law does not require a person to identify a political party preference (Example: Republican Party or Democratic Party) when a person registers to vote. However, if one or both political parties should call for a primary election in the calendar year, and, if you wish to be sent an absentee ballot to vote in the party's primary election, you must designate on this application a preference for one political party. [If "No Political Party" is checked, you will receive an absentee ballot only for all General Elections to be held in the calendar year.]

### 5. May I receive assistance in completing the Annual Application and in voting my absentee ballot?

Yes. An assistant will be required to . . .

- Follow your directions and fill in the required information
- Write on the voter's signature line "*Applicant Unable to Sign*" (Note: A signature, based on a power of attorney, cannot be accepted.)
- Sign an Assistant's Statement, and provide his or her name and address

### 6. May I receive assistance in voting my absentee ballot?

Yes. If you indicate on the *Annual Application* that you will need assistance in voting your absentee ballot, a required voter assistance form and instructions will be sent with your ballot.

## INSTRUCTIONS FOR COMPLETING THIS FORM

### PART A: APPLICATION INFORMATION

Complete the information at the top. You must . . .

- Be a registered voter in the locality where you are applying
- Identify the calendar year in which you are applying
- Designate a political party preference—if you wish to vote in the political party's primary election, if held

### PART B: MAILING ADDRESS

- Print the address where your absentee ballot is to be sent. [Note the restrictions at the bottom of the form.]

### PART C: ASSISTANCE

- Indicate if assistance will be needed to vote the absentee ballot. If Yes is checked, an Assistance form will be sent with the absentee ballot. The form, to be returned with the ballot, provides a legal safeguard for the voter and the assistant.

### PART D: ABSENTEE APPLICANT'S STATEMENT

- Read the Statement in Part D.
- Print your full name, current legal resident address, social security and telephone number.
- Sign your name. [Note: A signature, based on use of a power of attorney, cannot be accepted.]

### PART E: PHYSICIAN'S OR RELIGIOUS PRACTITIONER'S STATEMENT

- Required only on first Annual Absentee Ballot Application.
- Indicate who is providing the Statement by checking appropriate box.
- Provider of Statement must sign in Part E.
- Sign your name in Part E (Follow instructions in Part F if applicant cannot sign).

### PART F: ASSISTANT'S STATEMENT

If the absentee voter is unable to sign his/her name and complete the information in Part D:

- Write on the voter's signature line: "*Applicant Unable to Sign.*"
- Print the voter's full name, resident address, social security and telephone number.
- Read the Statement in Part E.
- Print your name and address; sign your name.

### PART G: CHANGE OF NAME OR ADDRESS

To remain a qualified voter, state law requires you to notify the General Registrar of a change in your name or address.

- Print (or have your assistant print) any new information in Part F
- Sign your name or have your assistant write: "*Applicant Unable to Sign.*"

[Important Note: If the *Annual Application* or an absentee ballot is returned to the general registrar as "Undeliverable" or if the general registrar knows that you are no longer a qualified voter, no absentee ballot for any subsequent election will be sent to you until a new *Annual Application* is filed and accepted. A change of address will not be effective during the 28 days before a general or primary election.]

## PART G: CHANGE OF NAME OR ADDRESS

Full Name

If Name Changed—Former Full Name

NEW Virginia Resident Address [If different from address listed in Part D]

Apartment, Suite or Lot No.

Date Moved from Old Address

City or Town

State

Zip

Mailing Address [If different from the third line above]

OLD Virginia Residence Address

City or Town

State

Zip

Signature

Social Security Number

Telephone / FAX Number [If New]

E-Mail Address [If One]

## ADDITIONAL INFORMATION

Your absentee ballot will be mailed to you from the General Registrar's Office . . .

- 45 days (approx.) before a November election
- 30 days (approx.) before other elections

Your voted absentee ballot must be received from you

- By Mail [24.2-7, *Code of Virginia*]
- In time to be counted on election day

For the latest election information . . .

Visit the website of the  
Virginia State Board of Elections  
[www.sbe.state.va.us](http://www.sbe.state.va.us)